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CONFIRMATION NO. 1025

<b>SERIAL NUMBER</b> 10/652,622	<b>FILING OR 371(c) DATE</b> 08/29/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> 04137.0003U3
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## APPLICANTS

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*RS*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/795,897 02/28/2001 PAT 6,777,000

*RS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

*RS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
11/20/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 112	<b>INDEPENDENT CLAIMS</b> 4
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## ADDRESS

23859

## TITLE

Delivery of physiological agents with in-situ gels comprising anionic polysaccharides

<b>FILING FEE RECEIVED</b> 1332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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